


06-12-01

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1059 U.S. PTO
06/11/01

Please type a plus sign (+) inside this box → 

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

MS4 US

First Inventor

Sale, Mark

Title

see Appendix A

Express Mail Label

ET 327682751 US

1059 U.S. PTO
09/878686
06/11/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 172]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
 - **End notes**
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 122]
5. Oath or Declaration [Total Pages 2]
 - a. ☒ Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - b. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. ☒ Other: Certificate of Express Mailing

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. _____ / _____

Prior application information:

Examiner _____

Group Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name Elaine Sale

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Address _____

City Raleigh State NC Zip Code 27614

Country U.S. Telephone 919 547 2899 Fax 919 547-2444

Name (Print/Type) Elaine Sale Registration No. (Attorney/Agent) 41, 286

Signature Elaine Sale Date June 01

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) <u>649</u>		Application Number <u>Unknown</u>	
		Filing Date <u>11 June 2001</u>	
		First Named Inventor <u>Sale, Mark</u>	
		Examiner Name <u>Unknown</u>	
		Group Art Unit <u>Unknown</u>	
		Attorney Docket No. <u>MS1US</u>	

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																									
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number </p> <p>Deposit Account Name </p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Elaine Sale	Registration No. (Attorney/Agent)	41,286
Signature	<i>Elaine Sale</i>	Telephone	919 547 2899
		Date	11 June 01

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Washington, D.C. 20231

on 11 June 01
Date

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Signature

Elaine Sale

Typed or printed name of person of signing Certificate

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Specification
Drawings
Declaration
Power of Attorney
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Cited Documents